



## State of New Jersey

### DEPARTMENT OF HEALTH AND SENIOR SERVICES

PO BOX 360

TRENTON, N.J. 08625-0360

JAMES E. MCGREEVEY  
Governor

[www.state.nj.us/health](http://www.state.nj.us/health)

CLIFTON R. LACY, M.D.  
Commissioner

## Standard of Care for Women who Present in Labor with Unknown HIV Serostatus

### Intent

- ◆ To provide HIV counseling and voluntary rapid or expedited testing of mothers in labor or delivery, or newborns in nursery units, if there is no documentation of HIV testing.
- ◆ To provide HIV counseling and rapid or expedited voluntary testing of mothers or newborns if the mother reports being HIV infected, but there is no documentation of HIV infection in the medical record.
- ◆ To offer maternal and/or newborn antiretroviral therapy if the HIV test is reactive (positive), if the mother reports being HIV infected, or if the mother was previously documented to be HIV positive.
- ◆ To avoid breastfeeding if the HIV test is reactive (positive) or if the mother reports being HIV infected or if the mother was previously documented to be HIV positive.
- ◆ To decrease perinatal HIV transmission in every HIV exposed baby born in a New Jersey hospital to the best practice standards.

### Standard of Care

1. The labor and delivery nurse and health care provider should assess for the level of prenatal care and HIV status.
2. If no prenatal care or HIV status not known/undocumented counsel the pregnant woman regarding the Rapid HIV Test or expedited diagnostic HIV testing.
3. Obtain written consent or declination for HIV testing. Patients who decline testing should have the declination documented in the medical record.
4. If patient consents, a stat order is placed. An appropriate specimen is obtained.
5. Testing should include:
  - a. Rapid HIV Test or expedited HIV test
  - b. If Rapid HIV Test or expedited test is positive:
    - send repeat HIV ELISA or send a specimen for testing using a different brand of rapid test,
    - provide post-test counseling
    - short course antiretroviral therapy should be offered, **and**
    - treatment should not be delayed while awaiting confirmatory test results.

- c. If using a Rapid HIV Test and the repeat ELISA is positive, confirm with a western blot or with a different brand of rapid test. Short course antiretroviral therapy should be offered. Treatment should not be delayed while awaiting confirmatory test results.
  - d. If using an expedited test and the repeat ELISA is positive, confirm with a western blot. Short course antiretroviral therapy should be offered. Treatment should not be delayed while awaiting confirmatory test results.
6. If the test could not be offered or done during labor, the health care provider should offer a rapid or expedited test in the postpartum period prior to discharge. Alternatively, the pediatric provider could offer the test to the newborn after adequate counseling to the mother of the implication/interpretation of the test results.

**If a rapid test is used:**

7. Within one hour of completion of a Rapid HIV Test, lab notifies the nurse or obstetrical provider that testing is complete. Rapid HIV testing should be done as soon as possible.
8. Rapid HIV Test result obtained by nurse or obstetrical provider.
9. If *the* Rapid HIV Test is negative, document the results. No further action is needed in labor and delivery. Follow-up for HIV testing/counseling in the postpartum period prior to discharge or at the first postpartum visit.
10. If the Rapid HIV Test is positive, obstetrical provider discusses the options for short course antiretroviral therapy with the woman and if acceptable to the woman follows the protocol for treatment of HIV positive women in labor. Alternatively, the options for short course therapy can be discussed as part of the pre-test counseling.
11. Consultation on antiretroviral therapy can be obtained 24 hours a day 7 days a week from a physician with experience and expertise treating HIV disease. A list of specialty centers that you can contact is attached.

To obtain the most recent recommendations, visit HIV/AIDS Treatment Information Services [www.hivatis.org](http://www.hivatis.org)

12. If the Rapid HIV Test could not be offered in labor, the obstetrical care provider should offer Rapid HIV testing or expedited testing up to 24 hours postpartum or for the newborn with the mother's consent. Alternatively, the pediatric provider could offer the test to the newborn after adequate counseling to the mother of the implication/interpretation of the test results.
13. If the Rapid HIV Test is reported positive in the postpartum patient or the newborn, initiate antiretroviral treatment in baby ASAP.
14. Refer the woman and child to a provider with experience and expertise in HIV disease. A list of specialty centers that you can contact is attached.

15. Assure that the woman has access to an adequate supply of medication for the newborn. If any difficulties contact the resource centers listed below for consultation.

**If expedited HIV test is used:**

16. Within 24 hours of an expedited test, the lab notifies the nurse or obstetrical provider and pediatric provider that testing is complete.
17. The expedited test result is obtained by the nurse or the obstetrical provider and the pediatric provider.
18. If the expedited test is negative, document the results. No further action is needed in labor and delivery. Follow-up for HIV testing/counseling in the postpartum period prior to discharge or at first postpartum visit.
19. If the expedited test could not be offered in labor, the obstetrical care provider should offer Rapid HIV testing or expedited testing up to 24 hours postpartum or for the newborn with mother's consent. Alternatively, the pediatric provider could offer the test to the newborn after adequate counseling to the mother of the implication/interpretation of the test results.
20. If an expedited test is reported positive in the postpartum patient or the newborn, initiate antiretroviral treatment in the baby ASAP.
21. Refer the woman and child to a provider with experience and expertise in HIV disease. A list of specialty centers that you can contact is attached.
22. Assure that the woman has access to an adequate supply of medication for the newborn. If any difficulties contact the resource centers listed below for consultation.

Resource Centers in the Ryan White Title IV New Jersey Statewide Family Centered HIV Care Network:

The Francois Xavier-Bagnoud Center  
UMDNJ  
University Hospital  
150 Bergen St.  
Newark, NJ 07103-2406  
973-972-0380 or 0381  
After 4 PM or on weekends 973-535-6876

Newark Beth Israel Medical Center  
201 Lyons Avenue  
Family Treatment Center, G3  
Newark, NJ 07112  
973-926-8004

Jersey City Medical Center  
AIDS Health Services  
50 Baldwin Avenue  
Jersey City, NJ 07304  
201-915-2340

Robert Wood Johnson Medical School  
Division of Immunology, Allergy &  
Infectious Disease  
Robert Wood Johnson Place, PO Box 19  
New Brunswick, NJ 08903  
732-235-7894

Jersey Shore Medical Center  
1945 Corlies Ave.  
Neptune, NJ 07754  
732-776-4271

Cooper Hospital/University Medical Center  
3 Cooper Plaza, Suite 200 Rm. 202  
Camden, NJ 08103  
856-342-2617

St. Joseph's Hospital & Medical Center  
Department of Community Medicine  
703 Main Street  
Paterson, NJ 07503  
973-754-6667

**NJ AIDS Hotline 800-624-2377**  
**NJ Family Health Line 800-328-3838**